

PUBLIC GOODS POOL

**ANNUAL REPORT
PAYOR CERTIFICATION FORM**

For the January 1 through December 31, _____ Report Year

PAYOR NAME	_____	ADDRESS	_____
FED. TAX ID#	_____	TPA	_____
TPA NAME	_____	FED. TAX ID#	_____
COMPLETED BY	_____	TELEPHONE	_____
TITLE	_____		

IMPORTANT NOTE: If an entity is 1) an insurer, 2) self-insured for its employees, and 3) serves as a TPA for other payors, the entity must submit a SEPARATE report, which includes a Certification form, Report of Patient Services Payments and Surcharge Obligations, Report of Covered Lives Assessments, and Payment Summary for EACH OF THESE ROLES. The reports submitted for each of these roles must contain SEPARATE CERTIFICATIONS -- the reporting submissions may NOT be combined under one certification.

TYPE OF SUBMISSION:

Check the appropriate box below:

[] SELF-INSURED FUND ONLY

This Certification and reporting submission applies to the above mentioned payor on its own behalf as a self-insured fund for its employees.

[] OTHER THIRD-PARTY PAYORS

This Certification and reporting submission applies to the above mentioned payor on its own behalf as an insurer.

[] TPA: Separate Reports for Represented Organizations (Attachment 1 enclosed)

This Certification and reporting submission applies to a third-party administrator (TPA) and its represented organizations (e.g., self-insured funds and other payors) that have been notified by the Department that they qualify for annual reporting. A separate report form is attached for each organization. *Attachment 1 must be completed.*

[] TPA: Represented Organizations with No Public Goods Pool Liability or Independent Reporting Submission (Attachment 2 enclosed)

This Certification and reporting submission applies to a TPA and its represented organizations that have been notified by the Department that they qualify for annual reporting; and all such organizations 1) have no Public Goods Pool liability for the reporting year or 2) are submitting the forms separately on their own behalf or 3) erroneously submitted one or more monthly reports during the current reporting year and they have no additional patient services payments and/or New York State resident covered lives to report and no additional adjustments to patient services payments and/or covered lives information previously reported. *Attachment 2 must be completed.*

- ☐ **TPA: Represented Organizations with Separate Reports (Attachment 1 enclosed) and Represented Organizations with No Public Goods Pool Liability or Independent Reporting Submission (Attachment 2 enclosed)**

This Certification and reporting submission applies to a TPA and its represented organizations that have been notified by the Department that they qualify for annual reporting. Some represented organizations have a Public Goods Pool liability for the reporting year (*Attachment 1 must be completed and a separate report must be submitted for each entity*) and more than one represented organization 1) has no Public Goods Pool liability for the reporting year or 2) is submitting the reporting forms separately on its own behalf or 3) erroneously submitted one or more monthly reports during the current reporting year and they have no additional patient services payments and/or New York State resident covered lives to report and no additional adjustments to patient services payments and/or covered lives information previously reported. (*Attachment 2 must be completed*).

Also check the appropriate box below (if applicable):

- ☐ **Parent Company (Attachment 1 enclosed)** - This Certification and reporting submission applies to a parent company with a number of subsidiaries, and a consolidated report is attached. **The parent company and all of the subsidiaries listed on Attachment 1 have been notified by the Department that they qualify for annual reporting. Attachment 1 must be completed.**

REPORTING REQUIREMENTS:

This certification and reporting submission pertains to the following:

Check all that apply:

- ☐ Report of Patient Services Payments and Surcharge Obligations
- ☐ Report of Covered Lives Assessment

CERTIFICATION

I, _____, CERTIFY THAT I AM THE _____ OF THE _____, AND FURTHER CERTIFY THAT THE DATA BEING PROVIDED HAS BEEN CAREFULLY PREPARED IN ACCORDANCE WITH INSTRUCTIONS CONTAINED HEREIN, INCLUDING BUT NOT LIMITED TO THE PROPER SEGREGATION OF INFORMATION BY SERVICE YEAR, AND MAY TO SOME EXTENT BE BASED UPON INFORMATION SUBMITTED AND ATTESTED TO BY THE ORGANIZATIONS FOR WHICH THE REPORT IS BEING SUBMITTED. TO THE BEST OF MY KNOWLEDGE, SUCH INFORMATION ACCURATELY REFLECTS EITHER SUCH SUBMITTED INFORMATION, OR IS ACCURATE AND CORRECT BASED ON THE BOOKS AND RECORDS WITHIN THIS ORGANIZATION.

SIGNATURE: _____ DATE: _____

PRINT/TYPE NAME: _____

TELEPHONE NUMBER: _____

**TPA/Parent Company Reporting Forms - Identification of Represented Organization/Subsidiary Reporting Forms
for Entities that Were Notified by the Department of Health that They Qualify for Annual Reporting**

TPA or Parent Co. Name:

Contact:

Telephone #:

If the entity is a parent company or a third-party administrator, separately identify the subsidiaries or other represented organizations, that have been notified by the Department that they qualify for annual reporting, for whom the Certification form and reporting submission is being submitted. List those entities you represent and their respective federal tax identification number. For TPA's only, for each entity listed, check the report type(s) submitted by service year and payment method. Note that you must check at least one of the report type boxes (Patient Service Payment or Covered Lives) for the current and previous service years.

[illegible]

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For the January 1 through December 31, _____ Report Year

Contact: _____ Telephone #: _____

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